

1.) CORPORATION NAME:

DUE DATE: **7/31/2011**

MEALS FOR SHUT INS.

SCC ID NO: **02193969**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

MARY NATKIN

12 COUNTRY CLUB ROAD

LEXINGTON, VA 24450

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LEXINGTON CITY (FILED IN ROCKBRIDGE COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BX 581

CITY/ST/ZIP: LEXINGTON, VA 24450-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: EDWARD HENNEMAN
TITLE: PRESIDENT
ADDRESS: 160 KENDAL DRIVE, APT.114
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

☒ OFFICER ☐ DIRECTOR

NAME: JOE EGYED
TITLE: VICE PRESIDENT
ADDRESS: 7 WILD TURKEY ROAD
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

☒ OFFICER ☒ DIRECTOR

NAME: MARY HODAPP
TITLE: SECRETARY
ADDRESS: 840 FOREST GROVE
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

☒ OFFICER ☐ DIRECTOR

NAME: PATRICIA S DELANEY
TITLE: TREASURER
ADDRESS: PO BX 534
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

☒ OFFICER ☐ DIRECTOR

NAME: COURTNEY BAKER
TITLE: DIRECTOR
ADDRESS: 65 PINEHURST DRIVE
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

☐ OFFICER ☒ DIRECTOR

NAME:	MARY HUGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	834 SHENANDOAH ROAD		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
NAME:	JACI LAUCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 GARDEN PLACE		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
NAME:	MAURICE LITTLEFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2 QUAIL COVEY ROAD		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
NAME:	ANN MURCHISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	207 OVERHILL DRIVE		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
NAME:	ANNE OWEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27 GREY DOVE RD		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
NAME:	ANNE VINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 SOUTHRIDGE LANE		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
NAME:	SHIRLEY WHITNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	823 THORNHILL RD		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
NAME:	BOB KLUSSMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 POYNTZ PLACE		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
NAME:	MALCOLM COTHRAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 EAST RIDGE DR		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
NAME:	ALICE ROANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	408 CONFEDERATE CIR		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ PATRICIA S DELANEY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PATRICIA S DELANEY, TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>7/10/2011</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		